

UNITED STATES DISTRICT COURT

EASTERN

District of

TEXAS

JENNINGS TYSON GODSY

SUMMONS IN A CIVIL CASE

V.

NATIONAL BOARD OF MEDICAL
EXAMINERS

CASE NUMBER: 1:04-cv-00053

Judge Heartfield

TO: (Name and address of Defendant)

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Jeffrey T. Roebuck
Bush, Lewis & Roebuck, PC
1240 Orleans
Beaumont, TX 77701

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

DAVID J. MALAND

CLERK

Odele McMillan

(By) DEPUTY CLERK

DATE

3-2-04

AO 440 (Rev. 10/93) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>March 22, 2004</u>
NAME OF SERVER (PRINT) <u>Jan Girouard</u>	TITLE <u>Owner</u>
Check one box below to indicate appropriate method of service	

☒ Served personally upon the defendant. Place where served: by certified mail, return receipt requested, signed by D. Moody on 3-10-04

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: _____

☐ Returned unexecuted: _____

☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL \$ <u>25.00</u>
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on March 22, 2004

Date

Signature of Server

550 Fannin, Ste 1125
Address of Server
Beaumont, Texas 77701

JAN GIROUARD & ASSOCIATES
COURT REPORTING SERVICES
550 FANNIN STREET, SUITE 1125
BEAUMONT, TEXAS 77701

4. Restricted Delivery?

(Extra Fee) ☐ Yes

3. Service Type

CERTIFIED

2. Article Number

7119 5381 8500 0000 0745



7119 5381 8500 0000 0745

1. Article Addressed To:

NATIONAL BOARD OF MEDICAL EXAMINERS
3750 MARKET STREET
PHILADELPHIA PA 19104

lah citation

7119 5381 8500 0000 0745

RECEIPT

7119 5381 8500 0000 0745

FROM:

Jan Girouard & Associates
RE: Godsy vs. National Board
lah citation

SEND TO:

National Board of Medical Ex
3750 Market Street
Philadelphia PA 19104

FEES:

Postage	0.30
Certified Fee	1.40
Special	
Restricted	
Receipt	1.20

TOTAL \$ 2.90

POSTMARK OR DATE

3/3/04
eah

COMPLETE THIS SECTION ON DELIVERY

A. Signature: (☐ Addressee or ☐ Agent)

X D. Moody

B. Received By: (Please Print Clearly)

C. Date of Delivery

3/10

D. Addressee's Address (If Different From Address Used by Sender)

Secondary Address / Suite / Apt. / Floor (Please Print Clearly)

Delivery Address

City _____ State _____ ZIP + 4 Code _____